

be pinned to the front of the gown. Though the infant seldom likes this, it is a good safeguard against ophthalmia. Before laying the child down, arrange a white handkerchief over the head to protect the eyes from the dust and coarse texture of the bedding and to exclude the light.

The cheesecloth sponge used in bathing the child and the soft towels should be washed by the nurse, rinsed and hung up in the sun, if possible, to dry. The nurse herself should attend to their being carefully put away for use on the following day.

*Mother's Bath.*—In caring for the mother, bathe her face and hands first, clean her finger-nails, and instruct her not to handle her soiled vulvar pads more than is necessary, and keep the supply of sterile ones free from dust in the muslin case left by the nurse under her pillow. They should only be touched with clean hands at the time they are needed.

An entire sponge bath may be given on the second day of the puerperium in normal cases, to be repeated not more than twice during one week. A bath (face, hands, nipples, vulva, thigh and buttocks) should be given daily. Do not expose a large portion of the body surface at one time. Use soap and warm water and dry quickly. In bathing the breasts, handle gently and keep them warm. The nipples should be carefully cleaned in boric acid solution later when the nurse's hands are sterile.

After the chest and arms are finished, cover this portion of the body with a clean blanket or sheet (a clean cotton blanket is the best for bathing if it can be had), unpin the abdominal binder, if one is used, and go over the abdomen, noting at this time the height, hardness, size and possible tenderness of the uterus. Draw the blanket down as the limbs and feet are bathed, drying the skin thoroughly and rapidly. The vulvar pad can now be removed and a clean warm basin or bed pan slipped under the patient's hips.

*To Sterilise Hands.*—Before bathing the vulva, cleanse the hands as follows:—Clean nails with blunt end of nail file (the nails should be kept short and smooth by filing each day); scrub in plenty of hot water, with brush and green soap, rinse in warm sterile water to remove soap and soak in bichloride of mercury solution prepared in a clean earthen or enamel vessel for two minutes. The solution should be of the strength of 1 to 2,000 and made by adding one 7·3 gr. tablet from the supply in the nurse's bag to one quart of warm sterile water. A large earthen vegetable dish from the pantry will answer for this if a basin cannot be found. The nurse's hands should not be disinfected in the solution prepared for bathing the patient, and the basin containing the solution for the purpose should be kept solely for that use.

*Care of Vulva.*—When the hands are clean the solution which was made in the basin belonging

to the bag and previously left to cool, should be poured gently over the vulva after the patient's limbs are well drawn up and a good light admitted. Direct the stream so as to flush the parts clean without much handling; part the labia carefully when necessary with the hand that has been kept sterile, to free the inner surfaces and stitches (when present) from clots and old secretions. Use a piece of sterile cotton from the copper cylinder carried in the bag to gently cleanse and dry the parts, keeping in mind that the discharges must be wiped down towards the anus and the cotton having been used to wipe the anal region must on no account be brought in contact again with the vulva. Encourage the patient to empty the bladder while cleansing the vulva.

*How to Remove Soiled Clothing and Dress the Bed.*—After the vulva has been made clean and dry, place the patient's thighs together and roll her on her side, removing the bed pan or basin at the same time. With a clean, pledget of cotton dipped into the bichloride solution, wipe the anal region and folds of the buttocks thoroughly. Dry the parts and adjust sterile vulva pad.

Finish bathing the back with soap and water while the patient lies on her side, then roll all the soiled linen which has lain under her into a close roll near her body. Spread clean paper over the mattress to protect it from stains and gather the fresh sheet into close folds in the hands, holding it lengthwise, but leaving enough free to spread over the portion of the mattress left bare, bringing the folded portion gathered in the hands snugly up to the patient's back. Roll the abdominal binder in the same way and place it over the sheet. Before turning the patient over, put clean nightgown over the patient's head and adjust the sleeve on the arm lying uppermost. Now roll her gently, but quite over on to her other side and upon the clean sheet and binder spread to receive her. By this method all the soiled clothing underneath can be lifted out of the bed and the folds of the clean sheet and binder spread out smoothly, the remaining sleeve of her gown adjusted, and the patient turned gently again on her back.

*How to Pin the Abdominal Binder.*—The ends of the abdominal binder can now be brought together over the abdomen and pinned. Begin at the lower border and lap from left to right, holding the edges together with the fingers of the left hand slipped under and the thumb uppermost. Adjust pins with the right hand, pulling the binder well down over the hips and bringing the edges snugly and smoothly together. A well-adjusted binder gives the patient a feeling of comfort. The vulvar pad should be fastened in place, the sheets tucked in and pinned to the mattress if necessary to keep the bed smooth and neat.

In changing the vulvar pad, note the character of the lochia; note should be made on the record sheet

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